

# AUTO CR - LOG SUMMARY #1072149

TYPE: INFO

## Incident Finding / Overall Case Finding

Description of Incident						Finding	Entered By	Entered Date
It is reported that during a traffic pursuit, the subject stopped, but then fled in his vehicle and became involved in a traffic accident. The subject then fled on foot, and the involved officer Tasered him to take him into custody.						(None Entered)		

## Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	BENIGNO, JOHN A	602	[REDACTED]	011 /	SERGEANT OF POLICE	M	WHI		

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
21-OCT-2014 07:44 - 21-OCT-2014 07:44	[REDACTED]	1221	012	304 - STREET	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation

## Other Involved Parties

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Witness	FABIAN JR, ELMER A	2666	[REDACTED]	011 /	PO/FIELD TRNING OFF	M	S		
NON-CPD	Victim/Subject	[REDACTED]		[REDACTED]			M	BLK	[REDACTED]	
CPD Employee	Witness	PUENTE, JUAN C	18870	[REDACTED]	017 / 213	POLICE OFFICER	M	S		
CPD Employee	Witness	SCHULTER, PHILIP C	1164	[REDACTED]	011 / 213	POLICE OFFICER	M	WHI		
CPD Employee	Involved Member	PAWLOWSKI, CARL M	18585	[REDACTED]	044 / 011	POLICE OFFICER	M	WHI		

## Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship

## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:	OFFICER DAVIS, #14470, FROM CPIC NOTIFIED IPRA AT APPROXIMATELY 2019 HOURS.		

## Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

## Incident Category List

### Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
--------------	------	---------------	---------------	--------------------	------------------------	-------------

### Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
------	-----------------------------	-----------------------------	----------------------------	-----------------	-------------	-----------------------	-------------	---------------	-------------------

### Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
--------------	----------	------------	----------	-------------	---------

### Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
--------------	------------	-----------	------------------------	--------------	--------------	-------------------	-----------

### Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	31-OCT-2014 03:27	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	31-OCT-2014 03:27	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	22-OCT-2014 05:01	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	22-OCT-2014 07:52	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	21-OCT-2014 10:18	LUKAS, JAMES	INVESTIGATOR 3 COPA	113 /	

### Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET				LUKAS, JAMES		21-OCT-2014 10:18			
	DOCUMENTS - INTAKE INCIDENT		2	FTO Elmer Fabian	N	HAYES, SHANNON	22-OCT-2014 07:51	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1	Ser# [REDACTED]	N	LUKAS, JAMES	21-OCT-2014 10:48	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	FTO Elmer Fabian	N	HAYES, SHANNON	22-OCT-2014 07:51	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Philip Schulter	N	HAYES, SHANNON	22-OCT-2014 07:52	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Juan Puente	N	HAYES, SHANNON	22-OCT-2014 07:50	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		4	[REDACTED] Assault - Aggravated Po: Other Dang Weap; Interference With Public Officer - Resist/Obstruct/Disarm Officer	N	HAYES, SHANNON	22-OCT-2014 07:39	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Carl Pawlowski	N	HAYES, SHANNON	22-OCT-2014 07:51	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		7	[REDACTED]	N	HAYES, SHANNON	22-OCT-2014 07:52	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Juan Puente	N	HAYES, SHANNON	22-OCT-2014 07:50	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Philip Schulter	N	HAYES, SHANNON	22-OCT-2014 07:50	APPROVED		

### Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
-------------	------------------------------	-------------	-------------	----------	------	-------------	---------

## Review Incident

### Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
-------------	------------------------------	-------------	-------------	----------	------	-------------	---------

### Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
---------	------------	-------------	--------------------	------	---------	---------	------------------

### Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
---------	-------------	--------------------	------	---------	---------	------------------

### Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
--------------	-------------	----------	---------	----------	----------

# FACE SHEET (Notification Date: 21-OCT-2014) - LOG #1072149

TYPE: INFO

## Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	BENIGNO, JOHN A	602	[REDACTED]	011 /	SERGEANT OF POLICE	M	WHL	

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
21-OCT-2014 07:44 - 21-OCT-2014 07:44	[REDACTED]	1221	012	304 - STREET	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation

## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

## Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

## Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	21-OCT-2014 22:18	LUKAS, JAMES	

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	31-OCT-2014 03:27	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	31-OCT-2014 03:27	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	22-OCT-2014 05:01	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	22-OCT-2014 07:52	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	21-OCT-2014 10:18	LUKAS, JAMES	INVESTIGATOR 3 COPA	113 /	

# EVIDENCE SYNC™ OFFLINE

## DEVICE REPORT

LOG # 1072149

**ECD Information****Model #:** TASER\_ECD\_X2**Serial #:** X30001FW9**Firmware Version:** FWBundle Rev. 03.045**Device Health:** Good**Offline Report****Date:**

21 Oct 2014 20:52:15

**Local Timezone:**

Central Standard Time (UTC -5:00)

**Event Log**

GMT Time	Local Time	Event	Cartridge Info	Duration	Temp	Batt%
10/22/2014 00:44:22	10/21/2014 19:44:22	Armed	C1: 25' Standard C2: 25' Standard		23°C 23°C	93% 93%
10/22/2014 00:44:24	10/21/2014 19:44:24	Safe	C1: 25' Standard C2: 25' Standard	2s 2s	24°C 24°C	93% 93%
10/22/2014 00:44:56	10/21/2014 19:44:56	Armed	C1: 25' Standard C2: 25' Standard		23°C 23°C	93% 93%
10/22/2014 00:44:56	10/21/2014 19:44:56	Safe	C1: 25' Standard C2: 25' Standard	0s 0s	24°C 24°C	93% 93%
10/22/2014 00:45:13	10/21/2014 19:45:13	Armed	C1: 25' Standard C2: 25' Standard		24°C 24°C	93% 93%
10/22/2014 00:45:15	10/21/2014 19:45:15	Trigger	C1: Deployed	9s		93% 93%
10/22/2014 00:45:33	10/21/2014 19:45:33	Safe	C1: Deployed C2: 25' Standard	20s 20s	24°C 24°C	93% 93%
10/22/2014 01:52:02	10/21/2014 20:52:02	USB Connected	C1: Invalid Cart. Type C2: Invalid Cart. Type		22°C 22°C	0% 0%
10/22/2014 01:52:19	10/21/2014 20:52:19	Time Sync		10/21/2014 20:52:19 to 10/21/2014 20:51:18		

CHICAGO POLICE DEPARTMENT  
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653  
(For use by Chicago Police Department Personnel Only)  
CPD-11.388(6/03)-C

RD #: [REDACTED]  
EVENT #: [REDACTED]

Case ID: [REDACTED]

**INCIDENT** CLEARED CLOSED (ARREST AND PROSECUTION)

IUCR: 0553 - Assault - Aggravated Po: Other Dang Weap  
3710 - Interference With Public Officer - Resist/Obstruct/Disarm Officer

Occurrence Location: [REDACTED]	Beat: 1121	Unit Assigned: 1121
		RO Arrival Date: 21 October 2014 19:43
Occurrence Date: 21 October 2014 19:43		# Offenders: 1

<b>NON OFFENDER</b>	<b>VICTIM - Individual</b>	Police Officer
	Name: STATE OF IL, P.O. Fabian  3151 W Harrison St Chicago, IL	<b>Demographics</b>  Age: Years
	Sobriety: Sober	
	Other Communications and Availability	
Residence 312-746-8386 Phone:		
<b>VICTIM - Individual</b>	<b>VICTIM - Individual</b>	Police Officer
	Name: STATE OF IL, P.O. Batista  3151 W Harrison St Chicago, IL	<b>Demographics</b>  Age: Years
	Sobriety: Sober	
	Other Communications and Availability	
Residence 312-746-8386 Phone:		
<b>VICTIM - Individual</b>	<b>VICTIM - Individual</b>	Police Officer
	Name: STATE OF ILLINOIS, Po Reyes  3151 W Harrison St Chicago, IL	<b>Demographics</b>  Age: Years
	Sobriety: Sober	
	Other Communications and Availability	
Residence 312-746-8386 Phone:		
<b>VICTIM - Individual</b>	<b>VICTIM - Individual</b>	Police Officer
	Name: STATE OF ILLNOIS, Po Puentes  3151 W Harrison St Chicago, IL 312 - 746 - 8386	<b>Demographics</b>  Age: Years
	Sobriety: Sober	
	Other Communications and Availability	

<b>NON OFFENDER</b>	<b>VICTIM - Individual</b>		<b>Police Officer</b>
	Name: STATE OF ILLINOIS, Po Shelter  3151 W Harrison St Chicago, IL 312 - 746 - 8386		Demographics
			Age: [REDACTED] Years
	Sobriety: Sober		
<b>WITNESS - Individual</b>	<b>WITNESS - Individual</b>		<b>Police Officer</b>
	Name: [REDACTED]		Demographics
	Res: [REDACTED]		Age: [REDACTED] Years
	Beat: 1033		
	Beat: 5100		
<b>WITNESS - Individual</b>	<b>WITNESS - Individual</b>		<b>Police Officer</b>
	Name: P.O. PAWLOWSKI		Demographics
	Res: 3151 W Harrison St Chicago IL 312 - 746 - 8386		Age: [REDACTED] Years
	Beat: 1134		
	Beat: 5100		
<b>WITNESS - Individual</b>	<b>WITNESS - Individual</b>		<b>Police Officer</b>
	Name: P.O. RIVERA		Demographics
	3151 W Harrison St Chicago, IL		Age: [REDACTED] Years
	Beat: 1134		
	Sobriety: Sober		
<b>Other Communications and Availability</b>			
Residence 312-746-8386			
Phone:			

<b>INJURIES</b>	<b>Injury Info (STATE OF ILLINOIS,Po Reyes - Victim )</b>			
	Injured by offender		Injury Extent: Minor	
	Type	Weapon Used		
	Abrasions	Unknown		

<b>SUSPECTS</b>	<b>Suspect # 1</b>		<b>In Custody</b>
	Name: [REDACTED]		Demographics
	Res: [REDACTED]	Beat: 3100	Male Black 5'11, 220 lbs Brown Eyes Black Hair Braids Hair Style Dark Brown Complexion
			DOB: [REDACTED] Age: 32 years Birth Place: IL
			Suspected of Using: Vehicle
<b>Other Communications and Availability</b>			

## SUSPECTS

## Injury Info

Injury Extent: Minor

Type

Puncture Wound

Weapon Used

Other Firearm

## RELATIONSHIP

## RELATIONSHIP

(Victim)

STATE OF IL, P.O. Fabian

is a

No Relationship of

( Offender )

(Victim)

STATE OF IL, P.O. Batista

is a

No Relationship of

( Offender )

(Victim)

STATE OF ILLINOIS, Po Reyes

is a

No Relationship of

( Offender )

(Victim)

STATE OF ILLINOIS, Po Puentes

is a

No Relationship of

( Offender )

(Victim)

STATE OF ILLINOIS, Po Shelter

is a

No Relationship of

( Offender )

## DOMESTIC INFO

## Order of Protection Info

Order of Protection #: - IL

Access to Firearm? Yes

## VEHICLE

## Vehicle #1

Vehicle: Unknown - Unknown - Automobile

Damaged?

Yes

Owner:

[REDACTED]

Style: Van/Panel Or V/P Trailer - Vmo Must Be  
Tk

Possessor/User:

[REDACTED]

Color-Top/Bottom: Green, Dark/Green, Dark

Theft From?

No

Towed?

No

Burned?

No

Destroyed?

No

Stolen?

No

## NOTIFICATIONS

Request Type	Uni t	Agency Name	Date	Star #	Name
Notification	630	Detective Area - North	21 October 2014 21:23	20766	,ORTMAN

EVENT # [REDACTED] ADDRESS OF ARREST: [REDACTED] SUMMARY, BT# 5755D ON VIEWED AN AUTO ACCIDENT AT [REDACTED] BETWEEN THE ABOVE OFFENDER, [REDACTED] VEHICLE AND A [REDACTED]. WHEN THE ABOVE OFFENDER, DRIVING OF SAID VEHICLE, FLED THE SCENE OF THAT AUTO ACCIDENT BT#5755D SENT OUT A FLASH MESSAGE. SAID MUSTANG DROVE AWAY IN AN UNKNOWN DIRECTION. AFTER MONITORING THE RADIO R/O'S OBSERVED OFFENDERS VEHICLE TRAVELING E/B ON HURON AT HOMAN BEING FOLLOWED BY 5755D. RO'S ATTEMPTED TO CURB SAID VEHICLE, SAID VEHICLE CONTINUED N/B AT A LOW SPEED ON SPAULDING, AND E/B TOWARDS SAWYER WHERE HE CONTINUED N/B ON SAWYER. DURING THIS TIME THE ABOVE OFFENDER PULLED TO THE SIDE AND STOPPED THREE TIMES BUT THEN CONTINUED FLEEING. AT 618 N. SAWYER SAID VEHICLE WAS CURBED BY POLICE VEHICLES INCLUDING MARKED UNITS WITH EMERGENCY LIGHTS ACTIVATED AND APPROACHED BY P.O'S BATISTA AND P.O. FABIAN (IN FULL UNIFORM) WHO THEN GAVE THE ABOVE OFFENDER, DRIVER, VERBAL INSTRUCTIONS TO EXIT HIS VEHICLE. AFTER REFUSING TO EXIT HIS VEHICLE THE OFFENDER STATED "NO, I'M NOT GETTING OUT! I'M NOT THE ONE YOU'RE LOOKING FOR" WHILE MAKING FURTIVE MOVEMENTS TOWARDS HIS SIDE. P.O. FABIAN FEARING FOR HIS SAFETY GRABBED A HOLD OF THE OFFENDER'S LEFT HAND WHILE ATTEMPTING TURN THE VEHICLE OFF. AT THAT TIME THE OFFENDER LOOKED AT P.O'S BATISTA AND P.O. FABIAN THEN TURNED HIS GAZE TOWARDS THE FRONT OF THE VEHICLE AND SIDEWALK WHERE P.O'S SCHELTER AND PUENTES (IN FULL POLICE UNIFORM) WERE APPROACHING AND DROVE THE VEHICLE ONTO THE SIDEWALK AT P.O'S SCHELTER AND PUENTES CAUSING THEM TO JUMP OUT OF HARMS WAY TO AVOID GETTING STRUCK BY THE VEHICLE. IN ORDER TO NOT GET DRAGGED NOR STRUCK BY THE VEHICLE P.O. BATISTA AND FABIAN ALSO JUMPED OUT OF THE VEHICLES PATH. AFTER DRIVING ON THE SIDEWALK FOR SEVERAL FEET THE OFFENDER CONTINUED EAST BOUND ON OHIO WHERE HE DROVE THRU A SOLID RED LIGHT AND STRUCK A VEHICLE WITH 5 OCCUPANTS, REPORTED UNDER RD #HX-476915. THESE 5 OCCUPANTS AND DRIVER WERE TRANSPORTED TO MT. SINAI AND ST. MARY'S HOSPITALS FOR TREATMENT. HAVING DISABLED HIS OWN VEHICLE THE ABOVE OFFENDER CONTINUED TO FLEE EAST BOUND ON OHIO ON FOOT THEN SOUTHBOUND THRU THE ALLEY WHERE HE JUMPED OVER A FENCE AT 540 N. TROY. WHILE ATTEMPTING TO APPREHEND THE ABOVE OFFENDER P.O. REYES SCALED THE FENCE AT THIS LOCATION AND IN THE PROCESS STRUCK HIS LEFT KNEE AGAINST THE FENCE POST CAUSING PAIN, ABRASIONS, AND SWELLING TO SAID AREA. TO EFFECT THE ARREST P.O. PAWLOWSKI GAVE THE OFFENDER VERBAL DIRECTIONS TO STOP, WHEN THE OFFENDER REFUSED P.O. PAWLOWSKI DEPLOYED HIS TASER AND P.O'S REYES AND P.O. STUCKERT PLACED THE OFFENDER INTO CUSTODY. THE ARRESTEE WAS TRANSPORTED TO ST. ANTHONY HOSPITAL BY BT 1171 WHERE HE WAS TREATED AND RELEASED BY DR. GRIMES. AFTER THE ARRESTEE EXHIBITED SIGNS OF INTOXICATION WITH BLOODSHOT/GLASSY EYES AND A SLIGHT ODOR OF ALCOHOL P.O. TRUESDALE CONDUCTED FIELD SOBRIETY TESTS OF WHICH HE FAILED THREE. AT THIS POINT A DUI BLOOD AND URINE COLLECTION WAS DONE BY HOSPITAL STAFF SANZ, SERGIO AND INVENTORIED BY P.O. TRUESDALE, INVENTORY# [REDACTED] ARRESTEE TRANSPORTED INTO THE 011TH DIST. FOR PROCESSING. NAME CHECK CLEAR, NO INV. ALERTS. TRR'S COMPLETED

NOTIFICATION: SERGEANT Beat#: Star#: 1120 Emp#: Date: 22-OCT-2014 Time: 1943 ONS

- STAR#: 18585 NAME: CARL PAWLOWSKI BEAT: 1121
- STAR#: 13999 NAME: ELMER FABIAN JR BEAT: 1121
- STAR#: 15920 NAME: STEVEN RIVERA BEAT: 5755D
- STAR#: 14865 NAME: FELIX BATISTA BEAT: 5755D
- STAR#: 6934 NAME: PHILIP SCHULTER BEAT: 4319C
- STAR#: 18870 NAME: JUAN PUENTE BEAT: 4319C
- STAR#: 11268 NAME: DENNIS BILSKI BEAT: 1171
- STAR#: 5543 NAME: JAMES KURTH BEAT: 1171
- STAR#: 11035 NAME: SAMUEL TRUESDALE BEAT: 1106D
- STAR#: 17832 NAME: SANTOS REYES BEAT: 4311A
- STAR#: 17989 NAME: LAWRENCE STUCKERT BEAT: 4311A
- STAR#: 1592 NAME: JOHN BENIGNO BEAT: 1120

## PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Approving Supervisor	1592	[REDACTED]	BENIGNO, John, A	[REDACTED]	22 Oct 2014 02:10	011	
Reporting Officer	18585	[REDACTED]	PAWLOWSKI, Carl, M	[REDACTED]	22 Oct 2014 01:49	011	1121

# TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED  SUBJECT INFORMATION  <input type="checkbox"/> DNA	1. DATE OF INCIDENT <b>21-OCT-2014</b>		TIME <b>19:43:00</b>		2. ADDRESS OF OCCURRENCE [REDACTED]				3. LOCATION CODE <b>303</b>		4. BEAT/OCCUR <b>1121</b>		
	5. POSITION <b>9161</b>	6. LAST NAME <b>SCHULTER</b>	7. FIRST NAME <b>PHILIP C</b>	8. STAR NO. <b>6934</b>	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE <b>WHI</b>	11. AGE [REDACTED]	12. HT. <b>511</b>	13. WT. <b>148</b>				
	14. DATE OF APPT. <b>26-APR-2004</b>	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT <b>011   4319C</b>	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
	20. LAST NAME [REDACTED]	21. FIRST NAME [REDACTED]	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>BLK</b>	25. D.O.B. [REDACTED]	26. HT. <b>511</b>	27. WT. <b>221</b>					
	28. VEHICLE - ATTEMPTED TO STRIKE OFFICER WITH VEHICLE				29. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	30. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
	31. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized				32. OTHER <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 05 Refused Medical Aid								
	33. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****				34. CB NO. [REDACTED]	35. IR NO. [REDACTED]	36. DNA						
	REASON FOR USE OF FORCE (Check all that apply)  <input type="checkbox"/> DNA	37. PASSIVE RESISTER		38. ACTIVE RESISTER		39. ASSAULT:ASSAULT		40. ASSAULT:BATTERY		41. ASSAULT:DEADLY FORCE			
		SUBJECT'S ACTIONS	DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>	FLED <input checked="" type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>						
			STIFFENED (DEAD WEIGHT) <input type="checkbox"/>	PULLED AWAY <input type="checkbox"/>	OTHER _____	ATTACK WITHOUT WEAPON <input type="checkbox"/>	WEAPON <input type="checkbox"/>						
MEMBER'S RESPONSE		OTHER _____	OTHER _____	OTHER _____	OTHER <u>INTENTIONALLY DROVE</u>	OTHER _____							
		MEMBER PRESENCE <input checked="" type="checkbox"/>	OPEN HAND STRIKE <input type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	FIREARM <input type="checkbox"/>							
		VERBAL COMMANDS <input type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	KICKS <input type="checkbox"/>	OTHER _____							
		ESCORT HOLDS <input type="checkbox"/>	OC CHEMICAL WEAPON <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>								
		WRISTLOCK <input type="checkbox"/>	CANINE <input type="checkbox"/>	OTHER _____									
		ARMBAR <input type="checkbox"/>	TASER (Probe Discharge) <input type="checkbox"/>										
		PRESSURE SENSITIVE AREAS <input type="checkbox"/>	TASER (Contact Stun) <input type="checkbox"/>										
	CONTROL INSTRUMENT <input type="checkbox"/>	TASER (Laser Targeted) <input type="checkbox"/>											
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>	TASER (Spark Displayed) <input type="checkbox"/>												
OTHER _____	OTHER _____												
42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors				43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS <b>CLEAR</b>								
45. MAKE/MANUFACTURER [REDACTED]		46. MODEL [REDACTED]		47. BARREL LENGTH [REDACTED]	48. CALIBER/GAUGE [REDACTED]								
49. TASER DART ID NO. [REDACTED]		50. WEAPON SERIAL NO. (Include Letters) [REDACTED]		51. CHICAGO GUN REG. NO. [REDACTED]	52. IL FIREARM OWNER ID. NO. [REDACTED]	53. HANDGUN CERTIFICATE NO. [REDACTED]							
54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED [REDACTED]	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. [REDACTED]	58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]							
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)								
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO									
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.									
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)									
70. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.							CASE INFO  SIGNATURES  CPD-11377 (REV. 10/07)						
71. REPORTING MEMBER (Print Name) <b>SCHULTER, PHILIP C</b> <b>21-OCT-2014 22:12:46</b>				STAR/EMPLOYEE NO. <b>6934</b>	SIGNATURE [REDACTED]								
72. REVIEWING SUPERVISOR (Print Name) <b>STANKUS, JEFFERY D</b>				STAR NO. <b>2422</b>	SIGNATURE [REDACTED]	DATE REVIEWED <b>21-OCT-2014 22:15:22</b>							

SUBJECT  
INFORMATION

36. CHARGES PLACED

625 ILCS 5.0/11-204-A, 625 ILCS 5.0/11-501-A-2, 625 ILCS 5.0/11-309-1, 625 ILCS 5.0/11-503-A-1, 625 ILCS 5.0/11-402-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A-7, 720 ILCS 5.0/12-2-C-8, 720 ILCS 5.0/12-2-C-8, 720 ILCS 5.0/12-2-C-8, 720 ILCS 5.0/12-2-C-8

DNA

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE  DNA  REFUSED  UNABLE TO INTERVIEW (Specify Reason)

The subject stated, "The police stopped me. After they let me go, I drove down a one way street. The police tried to stop me and I just got scared and panicked."

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the subject's statement and a review of the reports, R/Lt has determined that the officer followed Department guidelines and the Use of Force model.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS  
WERE IN COMPLIANCE WITH DEPARTMENT  
PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

STUART, STEPHANIE L

SIGNATURE

DATE COMPLETED

TIME

22-OCT-2014 00:22:21

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

CASE REPORT  
 ARREST REPORT

SUPPLEMENTARY REPORT  
 OFFICER BATTERY REPORT  
 TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

I.O.D. REPORT  
 CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

5

**OFFICER'S BATTERY REPORT**  
**CHICAGO POLICE DEPARTMENT**

RD NO. [REDACTED]

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) <b>PUENTE, JUAN C</b>		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR <b>ADDRESS OF OCCURRENCE</b> <span style="background-color: black; color: black;">[REDACTED]</span>	
STAR NO. <b>18870</b>	POSITION <b>POLICE OFFICER</b>	CITY <input checked="" type="checkbox"/> <b>CHICAGO</b>	STATE (If outside Chicago)
DATE OF APPOINTMENT <b>26-APR-2004</b>	EMPLOYEE NO. <span style="background-color: black; color: black;">[REDACTED]</span>	LOCATION CODE <b>303-SIDEWALK</b>	BEAT OF OCCURRENCE <b>1121</b>
UNIT OF ASSIGNMENT <b>213</b>	BEAT/CALL NO. <b>4319C</b>	DATE OF OCCURRENCE <b>21-OCT-2014</b>	TIME <b>19:43:00</b>
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>HISPANIC</b>	DAY OF WEEK <b>TUESDAY</b>	NO. OF OFFICERS BATTERED <b>2</b>
HEIGHT <b>506</b>	WEIGHT <b>160</b>	WERE THERE ASSISTING UNITS ON SCENE?   1. <input checked="" type="checkbox"/> YES   2. <input type="checkbox"/> NO	
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <b>5</b>			
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____  <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____  <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS  How many? <span style="background-color: black; color: black;">[REDACTED]</span>  PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____	
MANNER OF ATTACK			
<input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)			
TYPE OF WEAPON/THREAT			
(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> B. VEHICLE _____ <input type="checkbox"/> E. FEET <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input checked="" type="checkbox"/> H. OTHER (SPECIFY) _____			
TYPE OF ACTIVITY			
<input type="checkbox"/> A. AMBUSH -NO WARNING <input checked="" type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____      IUCR CODE _____			
<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____      ORIGINAL IUCR CODE _____			
<input type="checkbox"/> K. OTHER _____			
FIREARM USE INFORMATION			
(Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON			
OFFENDER INFORMATION			
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>BLACK</b>	DOB <span style="background-color: black; color: black;">[REDACTED]</span>	IR NO. <span style="background-color: black; color: black;">[REDACTED]</span>
CB NO. <span style="background-color: black; color: black;">[REDACTED]</span>			
TYPE OF INJURY TO OFFICER			
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE			
WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 3. UNKNOWN			
GANG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN			
NO. OF OFFENDERS PRESENT? <b>1</b>			
LIGHTING CONDITIONS AT INCIDENT			
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <span style="background-color: black; color: black;">[REDACTED]</span> <input checked="" type="checkbox"/> 2. GOOD			
WEATHER CONDITIONS			
<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND			
APPROXIMATE OUTDOOR TEMPERATURE: <b>50 °F</b>			

R/O was able to move out of the way

REPORTING MEMBER - SIGNATURE  
**PUENTE, JUAN C**

STAR NO.  
**18870**

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
**STUART, STEPHANIE L**

**330**

# TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>21-OCT-2014</b>		TIME <b>19:43:00</b>	2. ADDRESS OF OCCURRENCE [REDACTED]				3. LOCATION CODE <b>303</b>	4. BEAT/OCCUR <b>1121</b>			
MEMBER INVOLVED  SUBJECT INFORMATION  DNA	5. POSITION <b>9161</b>	6. LAST NAME <b>PUENTE</b>	7. FIRST NAME <b>JUAN C</b>	8. STAR NO. <b>18870</b>	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE <b>S</b>	11. AGE [REDACTED]	12. HT. <b>506</b>	13. WT. <b>160</b>		
	14. DATE OF APPT. <b>26-APR-2004</b>	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT <b>017 4319C</b>	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>BLK</b>	25. D.O.B. [REDACTED]	26. HT. <b>511</b>	27. WT. <b>221</b>		
	28. OTHER (SPECIFY), VEHICLE - ATTEMPTED TO STRIKE OFFICER WITH VEHICLE [REDACTED]					31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	33. CONDITION [REDACTED]					<input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized	<input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 04 Not Hospitalized	<input type="checkbox"/> 05 Refused Medical Aid			
	35. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****		36. CB NO. [REDACTED]		37. IR NO. [REDACTED]		38. DNA				
	REASON FOR USE OF FORCE (Check all that apply)  DNA	38. PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT:ASSAULT		ASSAILANT:BATTERY		ASSAILANT:DEADLY FORCE	
		SUBJECT'S ACTIONS	DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>	FLED <input checked="" type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>				
			STIFFENED (DEAD WEIGHT) <input type="checkbox"/>	PULLED AWAY <input type="checkbox"/>	OTHER _____	ATTACK WITHOUT WEAPON <input type="checkbox"/>	WEAPON <input type="checkbox"/>				
		MEMBER'S RESPONSE	OTHER _____	OTHER _____	OTHER _____	OTHER <u>INTENTIONALLY DROVE</u>	OTHER _____				
MEMBER PRESENCE <input checked="" type="checkbox"/>			OPEN HAND STRIKE <input type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	FIREARM <input type="checkbox"/>					
VERBAL COMMANDS <input type="checkbox"/>			TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	KICKS <input type="checkbox"/>	OTHER _____					
ESCORT HOLDS <input type="checkbox"/>			OC CHEMICAL WEAPON <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>						
WRISTLOCK <input type="checkbox"/>			CANINE <input type="checkbox"/>	OTHER _____	OTHER _____						
ARMBAR <input type="checkbox"/>			TASER (Probe Discharge) <input type="checkbox"/>	OTHER _____	OTHER _____						
PRESSURE SENSITIVE AREAS <input type="checkbox"/>			TASER (Contact Stun) <input type="checkbox"/>	OTHER _____	OTHER _____						
CONTROL INSTRUMENT <input type="checkbox"/>	TASER (Laser Targeted) <input type="checkbox"/>		OTHER _____	OTHER _____							
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>	TASER (Spark Displayed) <input type="checkbox"/>	OTHER _____	OTHER _____								
OTHER _____	OTHER _____	OTHER _____	OTHER _____								
39. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]					40. ADDITIONAL INFORMATION						
POSITION [REDACTED]		STAR NO. [REDACTED]	UNIT [REDACTED]	41. WEAPON TYPE <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS <b>CLEAR</b>			
49. TASER DART ID NO. [REDACTED]		50. WEAPON SERIAL NO. (Include Letters) [REDACTED]		51. CHICAGO GUN REG. NO. [REDACTED]		52. IL FIREARM OWNER ID. NO. [REDACTED]	53. HANDGUN CERTIFICATE NO. [REDACTED]				
54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED [REDACTED]		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. [REDACTED]	58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]				
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO OF CATDRIDGES/ SHOT SHELLS RELOADED [REDACTED]		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)					
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input checked="" type="checkbox"/> 02 CROSS DRAW		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO							
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]					67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.						
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN					69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)						
72. CASE INFO NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.											
73. REPORTING MEMBER (Print Name) <b>PUENTE, JUAN C</b> <b>21-OCT-2014 22:12:49</b>											
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.											
74. REVIEWING SUPERVISOR (Print Name) <b>STANKUS, JEFFERY D</b>		STAR NO. <b>2422</b>	SIGNATURE [REDACTED]		DATE REVIEWED <b>21-OCT-2014 22:15:57</b>		TIME <b>22:15:57</b>				

SUBJECT  
INFORMATION

36. CHARGES PLACED

625 ILCS 5.0/11-204-A, 625 ILCS 5.0/11-501-A-2, 625 ILCS 5.0/11-309-1, 625 ILCS 5.0/11-503-A-1, 625 ILCS 5.0/11-402-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A-7, 720 ILCS 5.0/12-2-C-8, 720 ILCS 5.0/12-2-C-8, 720 ILCS 5.0/12-2-C-8, 720 ILCS 5.0/12-2-C-8

DNA

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE  DNA  REFUSED  UNABLE TO INTERVIEW (Specify Reason)

The subject stated, "The police stopped me. After they let me go, I drove down a one way street. The police tried to stop me and I just got scared and panicked."

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the subject's statement and a review of the reports, R/Lt has determined that the officer followed Department guidelines and the Use of Force model.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS  
WERE IN COMPLIANCE WITH DEPARTMENT  
PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

STUART, STEPHANIE L

SIGNATURE

DATE COMPLETED

TIME

22-OCT-2014 00:22:52

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

<input type="checkbox"/> CASE REPORT	<input type="checkbox"/> SUPPLEMENTARY REPORT	<input type="checkbox"/> I.O.D. REPORT
<input checked="" type="checkbox"/> ARREST REPORT	<input checked="" type="checkbox"/> OFFICER BATTERY REPORT	<input type="checkbox"/> CR INITIATION REPORT
	<input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)	

80. TOTAL TRR's THIS EVENT No.

5

# TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input type="checkbox"/> DNA  SUBJECT INFORMATION	1. DATE OF INCIDENT <b>21-OCT-2014</b>	TIME <b>19:43:00</b>	2. ADDRESS OF OCCURRENCE [REDACTED]	3. LOCATION CODE <b>304</b>	4. BEAT/OCCUR <b>1121</b>						
	5. POSITION <b>9164</b>	6. LAST NAME <b>FABIAN JR</b>	7. FIRST NAME <b>ELMER A</b>	8. STAR NO. <b>13999</b>	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE <b>S</b>	11. AGE [REDACTED]	12. HT. <b>503</b>	13. WT. <b>118</b>		
	14. DATE OF APPT. <b>10-OCT-2000</b>	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT <b>011 1121</b>	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	20. LAST NAME [REDACTED]	21. FIRST NAME [REDACTED]	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>BLK</b>	25. D.O.B. [REDACTED]	26. HT. <b>511</b>	27. WT. <b>220</b>			
	30. WAS SUBJECT ARMED?/VEHICLE - ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized				36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****	37. CB NO. [REDACTED]	IR NO. [REDACTED]	DNA			
	38. <input type="checkbox"/> DNA  REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT:ASSAULT		ASSAILANT:BATTERY		ASSAILANT:DEADLY FORCE	
	SUBJECT'S ACTIONS  MEMBER'S RESPONSE	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FLED <input checked="" type="checkbox"/>	IMMINENT THREAT OF BATTERY <input type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>					
		STIFFENED (DEAD WEIGHT) <input type="checkbox"/>	PULLED AWAY <input checked="" type="checkbox"/>	OTHER <u>_____</u>	ATTACK WITHOUT WEAPON <input type="checkbox"/>	WEAPON <input type="checkbox"/>					
		OTHER _____	OTHER _____	OTHER _____	OTHER _____	OTHER _____					
MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	FIREARM <input type="checkbox"/>						
VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	KICKS <input type="checkbox"/>	OTHER _____						
ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>							
WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>									
ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>									
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>									
CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>									
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>	TASER (Spark Displayed) <input type="checkbox"/>	OTHER <u>JUMPED OUT OF PATH OF VEHICLE</u>									
39. <input checked="" type="checkbox"/> DNA  WEAPON DISCHARGE INCIDENT	* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]			40. ADDITIONAL INFORMATION							
POSITION [REDACTED]	STAR NO. [REDACTED]	UNIT [REDACTED]									
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN	04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS <b>CLEAR</b>							
49. TASER DART ID NO. [REDACTED]	50. WEAPON SERIAL NO. (Include Letters) [REDACTED]	51. CHICAGO GUN REG. NO. [REDACTED]	52. IL FIREARM OWNER ID. NO. [REDACTED]	53. HANDGUN CERTIFICATE NO. [REDACTED]							
54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]	55. PROPERTY INVENTORY NO. [REDACTED]	56. TYPE OF AMMUNITION USED [REDACTED]	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. [REDACTED]	58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]							
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)								
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO									
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.										
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)										
72. CASE INFO	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.										
SIGNATURES	73. REPORTING MEMBER (Print Name) <b>FABIAN JR, ELMER A</b> 22-OCT-2014 00:47:36		STAR/EMPLOYEE NO. <b>13999</b>	SIGNATURE [REDACTED]							
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.										
	74. REVIEWING SUPERVISOR (Print Name) <b>BENIGNO, JOHN A</b>		STAR NO. <b>1592</b>	SIGNATURE [REDACTED]	DATE REVIEWED <b>22-OCT-2014 00:49:37</b>	TIME <b>00:49:37</b>					

SUBJECT  
INFORMATION

36. CHARGES PLACED

625 ILCS 5.0/11-204-A, 625 ILCS 5.0/11-501-A-2, 625 ILCS 5.0/11-309-1, 625 ILCS 5.0/11-503-A-1, 625 ILCS 5.0/11-402-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A-7, 720 ILCS 5.0/12-2-C-8, 720 ILCS 5.0/12-2-C-8, 720 ILCS 5.0/12-2-C-8, 720 ILCS 5.0/12-2-C-8

DNA

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE  DNA  REFUSED  UNABLE TO INTERVIEW (Specify Reason)

The subject stated, "The police stopped me. After they let me go, I drove down a one way street. The police tried to stop me and I just got scared and panicked."

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the subject's statement and a review of the reports, R/Lt has determined that the officer followed Department guidelines and the Use of Force model.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS  
WERE IN COMPLIANCE WITH DEPARTMENT  
PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

STUART, STEPHANIE L

SIGNATURE

DATE COMPLETED

TIME

22-OCT-2014 00:53:07

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

CASE REPORT  
 ARREST REPORT

SUPPLEMENTARY REPORT  
 OFFICER BATTERY REPORT  
 TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

I.O.D. REPORT  
 CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

5

# TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED  <input type="checkbox"/> DNA  <b>SUBJECT INFORMATION</b>	1. DATE OF INCIDENT		TIME		2. ADDRESS OF OCCURRENCE				3. LOCATION CODE		4. BEAT/OCCUR									
	21-OCT-2014		19:44:00		[REDACTED]				200		1221									
	5. POSITION	6. LAST NAME		7. FIRST NAME		8. STAR NO.	9. SEX	10. RACE CODE	11. AGE	12. HT.	13. WT.									
	9161	PAWLowski		CARL M		18585	<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	WHI	[REDACTED]	603	250									
	14. DATE OF APPT.	15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT		17. DUTY STATUS	18. MEMBER INJURED?	19. MEMBER IN UNIFORM?												
	18-FEB-2014	[REDACTED]		044 1121		<input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No												
	20. LAST NAME	21. FIRST NAME		22. M.I.		23. SEX	24. RACE	25. D.O.B.	26. HT.	27. WT.										
	[REDACTED]	[REDACTED]		[REDACTED]		<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	BLK	[REDACTED]	511	220										
	20. WAS SUBJECT ARMED?		31. SUBJECT INJURED?		32. SUBJECT ALLEGED INJURY?															
	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No															
35. CONDITION		36. CHARGES PLACED		37. CB NO.		IR NO.		38. <input type="checkbox"/> DNA												
<b>PLEASE SEE NEXT PAGE</b>																				
REASON FOR USE OF FORCE (Check all that apply)  <input type="checkbox"/> DNA	PASSIVE RESISTER			ACTIVE RESISTER		ASSAILANT:ASSAULT		ASSAILANT:BATTERY		ASSAILANT:DEADLY FORCE										
	SUBJECT'S ACTIONS	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input checked="" type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>										
		STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>										
	MEMBER'S RESPONSE	OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____										
		MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>										
		VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____										
		ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>												
		WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>		OTHER _____		OTHER _____												
		ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input checked="" type="checkbox"/>		OTHER _____		OTHER _____												
		PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>		OTHER _____		OTHER _____												
CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>		OTHER _____		OTHER _____														
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		OTHER _____		OTHER _____														
OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____												
39. <input type="checkbox"/> DNA	* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)				40. ADDITIONAL INFORMATION															
WEAPON DISCHARGE INCIDENT	POSITION		STAR NO.		UNIT															
	41. WEAPON TYPE		04 SEMI-AUTO PISTOL <input type="checkbox"/>		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		01 Daylight <input type="checkbox"/>	02 Night <input checked="" type="checkbox"/>	03 Dawn <input type="checkbox"/>	04 Dusk <input type="checkbox"/>	05 Poor Artificial <input type="checkbox"/>	06 Good Artificial <input type="checkbox"/>	44. WEATHER CONDITIONS					
	01 REVOLVER <input type="checkbox"/>		05 CHEMICAL WEAPON <input type="checkbox"/>		Indoors <input checked="" type="checkbox"/> Outdoors <input type="checkbox"/>		45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE		CLEAR					
	02 RIFLE <input type="checkbox"/>		06 TASER (Probe Discharge) <input checked="" type="checkbox"/>		OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____					
	03 SHOTGUN <input type="checkbox"/>		07 OTHER <input type="checkbox"/>		OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____					
	49. TASER DART ID NO. <b>C6200APAY</b>		50. WEAPON SERIAL NO. (Include Letters) <b>X30001FW9</b>		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.											
	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		58. TOTAL NO. OF SHOTS MEMBER FIRED											
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)													
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO															
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)													
72. <input type="checkbox"/> CASE INFO	NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input checked="" type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																			
SIGNATURES	73. REPORTING MEMBER (Print Name) <b>PAWLowski, CARL M</b>		STAR/EMPLOYEE NO. <b>18585</b>		SIGNATURE															
	21-OCT-2014 23:54:16		[REDACTED]		[REDACTED]															
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																				
74. REVIEWING SUPERVISOR (Print Name) <b>BENIGNO, JOHN A</b>		STAR NO. <b>1592</b>		SIGNATURE		DATE REVIEWED <b>22-OCT-2014 00:44:05</b>		TIME												
CPD-1137 (REV. 10/07)																				

SUBJECT  
INFORMATION

36. CHARGES PLACED

625 ILCS 5.0/11-204-A, 625 ILCS 5.0/11-501-A-2, 625 ILCS 5.0/11-309-1, 625 ILCS 5.0/11-503-A-1, 625 ILCS 5.0/11-402-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A-7, 720 ILCS 5.0/12-2-C-8, 720 ILCS 5.0/12-2-C-8, 720 ILCS 5.0/12-2-C-8

DNA

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE  DNA  REFUSED  UNABLE TO INTERVIEW (Specify Reason)

The subject stated, "The police stopped me. After they let me go, I drove down a one way street. The police tried to stop me and I just got scared and panicked."

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the subject's statement and a review of the reports, R/Lt has determined that the officer followed Department guidelines and the Use of Force model.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS  
WERE IN COMPLIANCE WITH DEPARTMENT  
PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

STUART, STEPHANIE L

SIGNATURE

DATE COMPLETED

TIME

22-OCT-2014 00:56:14

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

<input type="checkbox"/> CASE REPORT	<input type="checkbox"/> SUPPLEMENTARY REPORT	<input type="checkbox"/> I.O.D. REPORT
<input type="checkbox"/> ARREST REPORT	<input type="checkbox"/> OFFICER BATTERY REPORT	<input type="checkbox"/> CR INITIATION REPORT
	<input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)	

80. TOTAL TRR's THIS EVENT No.

5

**OFFICER'S BATTERY REPORT**  
**CHICAGO POLICE DEPARTMENT**

RD NO. [REDACTED]

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) <b>FABIAN JR. ELMER A</b>		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
STAR NO. <b>13999</b>		ADDRESS OF OCCURRENCE [REDACTED]	
DATE OF APPOINTMENT <b>10-OCT-2000</b>		CITY <input checked="" type="checkbox"/> CHICAGO STATE (If outside Chicago) [REDACTED]	
UNIT OF ASSIGNMENT <b>011</b>		LOCATION CODE <b>304-STREET</b> BEAT OF OCCURRENCE <b>1121</b>	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>HISPANIC</b>	DOB [REDACTED]	DATE OF OCCURRENCE <b>21-OCT-2014</b> TIME <b>19:43:00</b> DAY OF WEEK <b>TUESDAY</b>
HEIGHT <b>503</b>		WEIGHT <b>118</b>	
NO. OF OFFICERS BATTERED <b>4</b>			
WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO			
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <b>7</b>			
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		MANNER OF ATTACK	
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____  <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____  <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS  How many? _____  PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____	
		<input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF WEAPON/THREAT			
(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> D. HANDS/FISTS _____ <input type="checkbox"/> B. VEHICLE _____ <input type="checkbox"/> E. FEET _____ <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____			
TYPE OF ACTIVITY		FIREARM USE INFORMATION (Check all that apply):	
<input type="checkbox"/> A. AMBUSH -NO WARNING <input checked="" type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____		<input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____		OFFENDER INFORMATION	
<input type="checkbox"/> K. OTHER		SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>BLACK</b> DOB [REDACTED]
		CB NO. [REDACTED]	IR NO. [REDACTED]
TYPE OF INJURY TO OFFICER		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? GANG RELATED?	
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		<input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN	<input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN
		NO. OF OFFENDERS PRESENT? <b>1</b>	
LIGHTING CONDITIONS AT INCIDENT		WEATHER CONDITIONS	
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input checked="" type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD		<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND	
APPROXIMATE OUTDOOR TEMPERATURE: <b>55 °F</b>			

REPORTING MEMBER - SIGNATURE  
**FABIAN JR, ELMER A**

STAR NO.  
**13999**

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
**STUART, STEPHANIE L**

**330**

**OFFICER'S BATTERY REPORT**  
**CHICAGO POLICE DEPARTMENT**

RD NO. [REDACTED]

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) <b>SCHULTER, PHILIP C</b>		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
STAR NO. <b>6934</b>		ADDRESS OF OCCURRENCE [REDACTED]	
DATE OF APPOINTMENT <b>26-APR-2004</b>		CITY <input checked="" type="checkbox"/> CHICAGO STATE (if outside Chicago) [REDACTED]	
UNIT OF ASSIGNMENT <b>213</b>		LOCATION CODE <b>303-SIDEWALK</b> BEAT OF OCCURRENCE <b>1121</b>	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE <b>WHITE</b> DOB [REDACTED]		DATE OF OCCURRENCE <b>21-OCT-2014</b> TIME <b>19:43:00</b> DAY OF WEEK <b>TUESDAY</b>	
HEIGHT <b>511</b>		WEIGHT <b>148</b>	
NO. OF OFFICERS BATTERED <b>2</b>			
WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO			
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <b>5</b>			
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____  <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____  <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS  How many? _____  PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____	
MANNER OF ATTACK			
<input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)			
TYPE OF WEAPON/THREAT			
(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> B. VEHICLE _____ <input type="checkbox"/> E. FEET <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> H. OTHER (SPECIFY) _____			
TYPE OF ACTIVITY			
<input type="checkbox"/> A. AMBUSH -NO WARNING <input checked="" type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____			
<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____			
<input type="checkbox"/> K. OTHER			
FIREARM USE INFORMATION (Check all that apply):			
<input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON			
OFFENDER INFORMATION			
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F		RACE <b>BLACK</b> DOB [REDACTED]	
CB NO. [REDACTED]		IR NO. [REDACTED]	
TYPE OF INJURY TO OFFICER			
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE			
WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 3. UNKNOWN			
GANG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN			
NO. OF OFFENDERS PRESENT? <b>1</b>			
LIGHTING CONDITIONS AT INCIDENT			
A. DAYLIGHT <input type="checkbox"/> D. DUSK		B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT	
C. DAWN <input type="checkbox"/> 1. POOR		F. GOOD <input checked="" type="checkbox"/>	
WEATHER CONDITIONS			
<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW		<input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> F. SEVERE CROSS WIND	
G. OTHER			
APPROXIMATE OUTDOOR TEMPERATURE: <b>50 °F</b>			

**R/O was able to avoid being struck as the offender intentionally attempted to strike R/O with a vehicle.**

REPORTING MEMBER - SIGNATURE  
**SCHULTER, PHILIP C**

STAR NO.  
**6934**

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
**STUART, STEPHANIE L**

**330**

## CHICAGO POLICE DEPARTMENT

## ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11. 420C (REV. 6/30)

## FINAL APPROVAL

CB  
IR  
YD  
RD  
EVENT

## ARREST REPORTING

OFFENDER	Name: [REDACTED]	Male	
	Res: [REDACTED]	Black	
	DOB: [REDACTED]	5' 11"	
	AGE: 32 years	220 lbs	
	POB: Illinois	Brown Eyes	
	DLN: [REDACTED]	Black Hair	
ARMED WITH Unarmed			
INCIDENT	Arrest Date: 21 October 2014 19:44	TRR Completed? No	Total No Arrested: 1
	Location: [REDACTED]	Beat: 1221	Co-Arrests
	Dependent Children? No		
	DCFS Ward ? No		
	Holding Facility: District 011 Male Lockup		
CHARGES	1 Offense As Cited	<b>720 ILCS 5.0/12-2-C-8</b> AGG ASSAULT/OP MOTOR VEH/PC OFF Class 3 - Type F	Victim P.O. Schulter #6934
	2 Offense As Cited	<b>720 ILCS 5.0/12-2-C-8</b> AGG ASSAULT/OP MOTOR VEH/PC OFF Class 3 - Type F	P.O. Puente #18870
	3 Offense As Cited	<b>720 ILCS 5.0/12-2-C-8</b> AGG ASSAULT/OP MOTOR VEH/PC OFF Class 3 - Type F	P.O. Bautista #14865
	4 Offense As Cited	<b>720 ILCS 5.0/12-2-C-8</b> AGG ASSAULT/OP MOTOR VEH/PC OFF Class 3 - Type F	P.O. Fabian #13999
	5 Offense As Cited	<b>720 ILCS 5.0/31-1-A-7</b> RESISTING/OBSTRUCT/PC OFF/CORR EMP/FRFTR INJ Class 4 - Type F	P.O. Reyes #17832
	6 Offense As Cited	<b>720 ILCS 5.0/31-1-A</b> RESISTING/OBSTRUCT/PC OFF/CORR EMP/FRFTR Class A - Type M	P.O. Pawlowski #18585
	7 Offense As Cited	<b>625 ILCS 5.0/11-402-A</b> LEAVING THE SCENE Class A - Type M	
	8 Offense As Cited	<b>625 ILCS 5.0/11-503-A-1</b> IVC - RECKLESS DRIVING Class A - Type M	
	9 Offense As Cited	<b>625 ILCS 5.0/11-309-1</b>	

Print Generated By: HAYES, Shannon ([REDACTED])

Page 1 of 7

22 OCT 2014 07:34

## ARREST REPORTING

		DISOBEY FLASHING RED LIGHT	
		Class P -	
10	Offense As Cited	<b>625 ILCS 5.0/11-501-A-2</b>	P.O. Truesdale #11035
		IVC - DRIVING UNDER INFLUENCE OF ALCOHOL	
		Class A - Type M	
11	Offense As Cited	<b>625 ILCS 5.0/11-204-A</b>	P.O. Truesdale #11035
		IVC - FLEE/ATTEMPT ELUDE POLICE	
		Class A - Type M	

FELONY  
REVIEW

Felony Review : Approved 22 OCT 2014 04:10 Kline, State's Attorneys's Office

RECOVERED  
NARCOTICS

NO NARCOTICS RECOVERED

WARRANT

NO WARRANT IDENTIFIED

## ARREST REPORTING

NON-OFFENDER(S)			
<b>VICTIM AND COMPLAINANT</b>			
Name: P.O. SCHULTER #6934		Injured? No	Deceased? No
		DOB:	Hospitalized? No
		Age:	Treated and Released? No
		Comments:	
<b>VICTIM AND COMPLAINANT</b>			
Name: P.O. PUENTE #18870		Injured? No	Deceased? No
		DOB:	Hospitalized? No
		Age:	Treated and Released? No
		Comments:	
<b>VICTIM AND COMPLAINANT</b>			
Name: P.O. BAUTISTA #14865		Injured? No	Deceased? No
		DOB:	Hospitalized? No
		Age:	Treated and Released? No
		Comments:	
<b>VICTIM AND COMPLAINANT</b>			
Name: P.O. FABIAN #13999		Injured? No	Deceased? No
		DOB:	Hospitalized? No
		Age:	Treated and Released? No
		Comments:	
<b>VICTIM AND COMPLAINANT</b>			
Name: P.O. PAWLOWSKI #18585		Injured? No	Deceased? No
		DOB:	Hospitalized? No
		Age:	Treated and Released? No
		Comments:	
<b>WITNESS</b>			
Name: P.O. RIVERA #15920		Injured? No	Deceased? No
		DOB:	Hospitalized? No
		Age:	Treated and Released? No
		Comments:	

## ARREST REPORTING

## VICTIM AND COMPLAINANT

Name: P.O. REYES #17832

Injured? No      Deceased? No

DOB:

Hospitalized? No

Age:

Treated and Released? No

Comments:

## VICTIM AND COMPLAINANT

Name: P.O. TRUESDALE #11035

Injured? No      Deceased? No

DOB:

Hospitalized? No

Age:

Treated and Released? No

Comments:

## ARRESTEE VEHICLE

Vehicle: VEHICLE IMPOUNDED: Yes

1995 Truck - Ford - Club Wagon E150 - Vanette, (Metro, Step Van, Handy Van)

VIN#:

Lic#

Color: Green (Top) / Green (Bottom)

Inv#:

Pound#:

Disposition: Vehicle Impounded

## PROPERTIES

## Confiscated Properties :

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

PROPERTIES INFORMATION FOR [REDACTED], NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.

## INCIDENT NARRATIVE

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

EVENT# [REDACTED] In summary subject was observed failing to stop after a hit and run with a pedestrian vehicle. When subject stopped vehicle, officers attempted to remove him, subject drove vehicle onto curb almost striking officers standing in front of the vehicle, and putting one officer in danger of being dragged as his body was partially inside the vehicle's cabin. Subject drove off disregarding several traffic enforcement devices, causing a traffic accident in the intersection. Subject fled on foot. While pursuing him on foot an officer suffered an injury. Arrestee failed field sobriety test. Treated and released St. Anthony's, TRR'S submitted.

## COURT INFO

Desired Court Date: 29 October 2014

Branch: 44-2 3150 W FLOURNOY - Room

Court Sgt Handle? No

Initial Court Date: 22 October 2014

Branch: CBC-1 2600 S CALIFORNIA - Room100

Docket #:

## BOND INFO

BOND INFORMATION NOT AVAILABLE

## ARREST REPORTING

## ATTESTING OFFICER:

I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.

Attesting Officer: #18585 PAWLOWSKI, C M [REDACTED] 22 OCT 2014 02:15

## ARRESTING OFFICER(S):

1st Arresting Officer: #18585 PAWLOWSKI, C M [REDACTED] Beat 1121  
2nd Arresting Officer: #13999 FABIAN JR, E A [REDACTED] 1121

## APPROVING SUPERVISOR:

Approval of Probable Cause : #2167 O DONNELL, W M [REDACTED] 22 OCT 2014 02:21

H  
E  
S  
T  
C  
O  
P  
L  
A

## ARREST PROCESSING REPORT

LOCKUP KEEPER PROCESSING

INTERVIEW LOG

VISITOR LOG

Holding Facility: District 011 Male Lockup  
 Received in Lockup: 22 October 2014 02:36  
 Prints Taken: 22 October 2014 02:39  
 Palmprints Taken: Yes  
 Photograph Taken: 22 October 2014 02:52  
 Released from Lockup:

Time Last Fed: 22 October 2014 02:38  
 Time Called: 22 October 2014 02:46 Phone#: [REDACTED]  
 Cell #: D3  
 Transport Details : 2PO 1171 21-OCT-2014 20:26

## VISUAL CHECK OF ARRESTEE

Is there obvious pain or injury? No  
 Is there obvious signs of infection? No  
 Under the influence of alcohol/drugs? Yes  
 Signs of alcohol/drug withdrawal? No  
 Appears to be despondent? No  
 Appears to be irrational? No  
 Carrying medication? No

## ARRESTEE QUESTIONNARIE

Presently taking medication? No  
 (if female)are you pregnant? No  
 First time ever been arrested? No  
 Attempted suicide/serious harm? No  
 Serious medical or mental problems? No  
 Are you receiving treatment? No  
 Transgender/intersex/gender non-conforming? No  
 Deaf/hard of hearing-request interpreter for court? No  
 Interpreter needed? (indicate language) No

## RETURN TO HOLDING FACILITY COMMENTS:

## QUESTIONNAIRE REMARKS:

Strong Odor Of Alcohol On Breath Slurred Speech Bloodshot Eyes

## LOCKUP KEEPER COMMENTS:

## EMERGENCY CONTACT

Name : REFUSED

Res:

Beat:

NO INTERVIEWS LOGGED

NO VISITORS LOGGED

## ARREST PROCESSING REPORT

MOVEMENT LOG

MOVEMENT LOG INFORMATION NOT AVAILABLE

WC COMMENTS

Watch Commander Comments:

REL w/o CHARGING

DOES NOT APPLY TO THIS ARREST

PROCESSING PERSONNEL

		Beat
Searched By:	#19340 WILLIAMS, M	
Lockup Keeper:	#19340 WILLIAMS, M	
Assisting Arresting Officer:	#11035 TRUESDALE	1106
Assisting Arresting Officer:	#11268 BILSKI, D J (	1171
Assisting Arresting Officer:	#14865 BATISTA, F	5755D
Assisting Arresting Officer:	#15920 RIVERA, S A	5755D
Assisting Arresting Officer:	#17832 REYES, S T	4311A
Assisting Arresting Officer:	#17989 STUCKERT,	4311A
Assisting Arresting Officer:	#18870 PUENTE, J C	4319C
Assisting Arresting Officer:	#5543 KURTH, J F (	1171
Assisting Arresting Officer:	#6934 SCHULTER,	4319C
Fingerprinted By:	GONZALEZ,	
Detective :	#20662 Gonzales, Ja	22 OCT 2014 04:24
		5329

## APPROVAL PERSONNEL:

	Beat
Final Approval of Charges :	#1434 LASCH, A P(

22 OCT 2014 07:07